

COMMUNITY SUPPORT TEAM CHECKLIST

THE FOLLOWING MUST BE MET:

	There are two (2) identified needs in the appropriate documented domains,
AND	
	There is an Axis I or II diagnosis present, other than a sole diagnosis of a Developmental Disability
AND MUST HAVE 4 OUT OF 11 PRESENT	
	High use of acute psychiatric hospitals or crisis/emergency services including mobile, in clinic or crisis residential (e.g., two or more admissions per year) or extended hospital stay (30 days within the past year) or psychiatric emergency services.
	History of inadequate follow-through with elements of a Person Centered Plan related to risk factors (including lack of follow through taking medications, following a crisis plan or maintaining housing).
	Intermittently medication refractory
	Co-diagnosis of substance abuse (ASAM – any level of care) and mental illness.
	Legal issues (conditional release for non-violent offense; history of failures to show in court, etc.).
	Homeless or at high risk of homelessness due to residential instability
	Clinical evidence of suicidal gestures and/or ideation in past 3 months.
	Ongoing inappropriate public behavior in the community within the last three months
	Self-harm or threats of harm to others within last year.
	Evidence of significant complications such as cognitive impairment, behavioral problems, or medical conditions.
	A lower level of care has been tried or considered and found to be inappropriate for the consumer at the time that authorization is requested